CAM	PAIGN CONTRIBUTIONS A	and expenses		State	of Nevada
	· · · · · · · · · · · · · · · · · · ·	Office (il applicable)	as Vegas		istrict (if applicable)
E-Mail Ad	ddress			· · · · · · · · · · · · · · · · · · ·	······································
Select A	ppropriate Box(es) CANDIDATE PAC	BAG POL PRI	Y IND EXP]AMENDED AN	INUAL FILING
	Annual Filing - Due January Period: January 1, 2003 - December 31, 20			l	FILE
Incumber All others	Report #1 — Due August 31, 20 Ints in an Office with a 4-year term Ints in an Office with a 6-year term Ints in an Office	Jan. 5, 2001 Aug 26, 2001 Aug 26, 2001 Aug 26, 2001 Aug 26, 2002 Aug 26, 20	, 2004 2004	Cent	3 1 2004 N HELLER ARY OF STATE
	Report #2 Due — October 26, 20 Period:	004 Aug. 27, 2004 — Oct. 21	, 2004	FOR OF	FICE USE ONLY
BAGs or	Report #3 Due January 15, 2l Period: hty: Period:	005* Oct. 22, 2004 Dec. 31 Oct. 22, 2004 Dec. 5, 2			
Third	Annual Filing - Due January 15 Period: January 1, 2004 - Decembe Report suffices for 2005 Annual Filir	r 31, 2004	ed Report Nos.	1 and 2	
	CONTRIBUTIONS SUMM	ARY		This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1.	. Total Monetary Contributions Received in	Excess of \$100		45000	*5000
2.	Total Monetary Contributions Received of	f\$100 or Less			D
		This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
	Total Amount of Monetary Contribution Received (Add Lines 1 and 2) Total Value of In Kind Contributions Receives of \$100		10	\$5000	
		EXPENSES SUI	MARY	- - - - -	
7.	Total Monetary Expenses Paid of \$100 or Total Amount of All Monetary Expenses (Add Lines 5 and 6)	Less s Paid	1	₹17.800 ₹17.800	171,800 2 317,800
8.	Total Value of In Kind Expenses in Excess of \$100	<u> </u>	0		
l Declar	e Under Penalty of Perjury That the For	AFFIRMATION OF THE PROPERTY OF			
Signature	lu Mitacl		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AUGUST Date	31,2004
EL20 doc	Rev	ised: Jan-04	PA	GEOF	1

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port Period #	ĺ

Silver	State	Leader ship	Allianie
Name (print)		Office	(if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Stations Casinos PoBox9525 LV 89126	8117/7004	\$ 5000	
11.0.1301/1303 EV 3.190			
<u> </u>]		<u> </u>
		·	

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PAGE) OF

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

C 1/2/201	chalo	1 2 m d 2 (m) 1 -	MIL MALA
PHALL	State	LOURYShip	Alliance
Name (print)		Office (if applic	able)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Kirk Kaplan Campaign 1835 Gtyler Hill LM. Las Vegas NV 89147	J	4/19/2004	47500
Julie Whitacre lovil Crimson Palisades Pl. #203 Las Vigas NV 89144	E.	5129/2004	1900
Julie Whitacre	E	10/15/2004	4 1900
Friends of Justin Junes 19964 Even Vinyard Art Las Vegas NV 89149	J	7/25/2004	\$ 1000
Lym County Dominatic Contral 5265 Abiltane DY Stayecoach, N 89429	T	8 17 2004	7500
Richard Perkin's Campaign 32) Fife St. Hematissan, NV 89015	J	8/24/2014	410,000

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

PAGE 5 OF 7

EL201.doc

Revised: Jan-04

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SILVEY STATE LEADERShip Alliance Name (print) Office (If applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All in-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
				The state of the s

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PAGE 6 OF 7

SILRY	State	Liadership	Alliance
Name (print)		Office (if ap	plicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

Revised: Jan-04

PAGE OF T

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